

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5486	2. Fiscal Year Covered From:
	01 / 01 / 2005, Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Allen D Grayson	Name Iron Workers Local Union No. 512
	Labor Organization File Number 022-158
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 851 Pierce Butler Route	Street 851 Pierce Butler Route
City St. Paul	City St. Paul
State MN ZIP Code + 4 55104-1634	State MN ZIP Code + 4 55104-1634
5. Position in labor organization. Recording Secretary & Training Coordinator	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	derived income or other economic benefit of ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	£
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed O. J.	On 03/29/2006 651-489-1488 Date Telephone Number
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Name of Person Filing Allen D. Grayson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name Twin City Ironworkers Apprenticeship & Training: Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500 Street 3001 Metro Drive City Bloomington State MN ZIP Code + 4 55425-1412	XX a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	Provides Apprentice Training & Journeyman Upgrading Services
Street	11.b. Approximate dollar value of such dealing. \$300,000.00
State ZIP Code + 4	12.a. Nature of interest held or income received. Expenses incurred in connection with detention security equipment. Training seminas in Indianapolis, IN. on April 26, 2005 & April 27, 2005. Airfare = \$404.40 Lodging = \$110.88 Meals = -0- Transportation = -0-
	12.b. Amount. \$515.28
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	der parts A and B above) by or other thing of value. 14.a. Nature of payment.
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.
/	